

The middle meningeal artery lies in its relation laterally to the inferior maxillary nerve, and is separated from the same by loose connective tissue. In this tissue are the two roots of the auriculo-temporal nerve, which surrounds the meningeal artery.

By dividing the lingual nerve on the cerebral side of the chorda tympani, and holding the inferior maxillary nerve in a downward direction, the foramen ovale, with its contents, is found to be easily accessible.

In individuals with a strongly prominent angle of the jaw, this latter may be temporarily or completely resected.—*Wiener klin. Wochenschrift*, 1889, No. 25.

V. Cancer of the Tongue. By DR. KRAUSE (Halle). During the period of time extending from 1875 to 1888, 91 cases of carcinoma of the tongue were operated upon at v. Volkmann's Clinic. Of these, 2 died following the operation, these being cases of complete extirpation, of which latter there were 35 in all. The average duration of life following the operation in these last named cases was 12 months; but one was absolutely free from recurrence after a lapse of 6 years. Of the 56 cases of partial extirpations, 7 were found to be free from recurrence after the same lapse of time; the most rapid recurrence in this class took place in 3 months. The microscopic diagnosis was established in all cases.

v. Volkmann, after trial of the submental method of operating, abandoned the same. He likewise rejects preliminary ligature of the lingual vessels as well as tracheotomy. In the relatively easy cases, the tongue is brought well forward and hæmorrhage is arrested in the wound; in more difficult cases, v. Langenbeck's method of temporary section of the lower jaw, with division of the palate-glossal arch, is adopted. A drainage tube is placed in the recess of the tonsil. Cases involving the epiglottis are rejected.—*Deutsche Med. Wochenschrift*, 1889, No. 22.

G. R. FOWLER (Brooklyn.)

VI. On Extirpation of Goitre in Graves' Disease. By R. STIERLIN (Zurich). The few cases in which this operation had

been done showed that it had a curative effect on the main disease. For other forms of goitre strumectomy finds its only indication in dyspnoea, but here it may be warranted in the absence of respiratory interference. Tillaux (1880) first reported a cure by this means. In 1884, Rehn published 3 cases, with more or less definite symptoms of Graves' disease, that were relieved or cured by this operation. (Rehn's fourth case is excluded by Stierlin.) Bénard (1884) reported 2 cases, Josipovici and Wolff (1887) 2 cases, Przebicky and Mikulicz (1888) 1 case and Kocher several, as yet unpublished in detail. The results in these cases were very encouraging. Including his own Stierlin counts 12 known cases.

His case was that of a seamstress, æt. 19 years. The mother in her youth had suffered from goitre, but been cured by external applications. A brother also had a goitre. With the patient this first appeared 5 years previously, and cardiac symptoms 3 months. The eyes were in every way free. He considers the case probably one of incipient Graves' disease.

Typical extirpation of the goitre by Professor Krönlein. The rapid and increased heart-action then gradually returned to normal (from 120-130 to 60-90). The previous dirotic pulse became katartotic. A slight dilatation of the left ventricle disappeared. The nervous restlessness largely subsided.

For comparison he took pulse-curves of patients affected with simple goitre, before and after operation, and found that in such no alteration was produced.

He was unable to make out from these successful operations in exophthalmic goitre any argument for or against the theory of its sympathetic origin.—*Bruns' Beiträge zur klin. Chirg.*, 1889, bd. v, hft. i.

WM BROWNING (Brooklyn).

VII. Scirrhus of the Thyroid. By T. BILLROTH (Vienna) Billroth has operated upon cases of females, æt. 26 and 46 years respectively. In the first case, the tumor, the size of a horse chestnut, was laid bare by an incision along the anterior edge of the sternocleido-mastoid muscle, between the carotid, nerve, œsophagus and lar-